How to Strengthen Catholic Identity in a Diverse Workforce

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One of four focus areas of the Catholic Health Association's recently released 2021-2023 strategic plan is to "articulate and strengthen the Catholic identity of our health ministries." To advance this goal, CHA details the important role mission leaders play in this work, including the professional competency to build strong Catholic identity and implement key mission activities within the organization. The continued focus on Catholic identity should be a welcome pillar for our health care ministries and an expected competency of mission leaders. Catholic identity has not only formed the original theological, ethical and spiritual context for our ministries, but it also provides the necessary vision and nourishment to sustain them into the future.

But given the religious diversity among those serving in Catholic health care, the question of strengthening Catholic identity necessarily leads us to ask: How do we strengthen the Catholic identity of health care ministries that employ a large number of non-Catholic staff and caregivers? What does it look like to enable these individuals to flourish in their calling to serve in Catholic health care while simultaneously maintaining and deepening the Catholic identity of those very same ministries? While this is certainly not a new question, we still have much to discern as we navigate the tension between the self-identity of our ministries and the inclusion of a diverse workforce.

ECUMENICAL AND INTER-RELIGIOUS CONVERSATIONS

There are two different kinds of conversations that guide our approach to strengthening Catholic identity within a diverse workforce. One is called "ecumenical" and is "intra-Christian," involving the engagement of Catholics with non-Catholic Christians. The other is called "inter-religious" and involves the engagement between Catholics and people of non-Christian faith traditions. That there are two distinct conversations is reflected in the fact that the Second Vatican Council produced two distinct documents, one to guide ecumenical engagement (*Unitatis redintegratio*) and one to guide inter-religious engagement (*Nostra aetate)*. Both conversations have a similar goal: to promote the unity and flourishing of human beings with one another and with God. But they hold different assumptions. Inter-religious dialogue is based on the belief in a unity that should exist among human beings due to all people being made in the image of God and made for the God of that image. It presupposes that every human being has the natural or innate ability to see and pursue God through the use of their reason and free will. Ecumenical dialogue, however, presupposes this natural unity but also includes a unity made possible by faith in the person and work of Jesus Christ. Ecumenism comprises all those efforts that seek to overcome the conflict between Jesus' calling that God's people shall be "one" (see,

for example, John 17:21) and the actual state of affairs, namely, a divided Christian people.[1] The latter unity builds upon and deepens the former, and the former finds its ultimate depth and meaning in the latter. As these unities are advanced, so does human flourishing advance, as does our Catholic identity.

The two documents mentioned above — *Unitatis redintegratio* and *Nostra aetate* — have shaped and should continue to shape how we think about advancing Catholic identity in ministries that include significant numbers of non-Catholics. For this reason, I want to highlight four important points that stand out from these documents:

First, *Unitatis redintegratio* states in unequivocal terms the Catholic Church's desire for restored unity: "The restoration of unity among all Christians is one of the principal concerns of the second Vatican synod." The document does not limit participation in ecumenism to clergy but rather encourages "all the Catholic faithful ... to take an intelligent part in the work of ecumenism." This means that the work of healing division is not just for theologians and ministers and is not limited to church settings. Each of us carries a responsibility, including within the health care setting, to move us forward in the calling toward unity.

Second, Christians who are not Catholic are not guilty of any "sin" of separation: "The children who are born into these Communities and who grow up believing in Christ cannot be accused of the sin involved in the separation, and the Catholic Church embraces upon them as brothers, with respect and affection." The relationship between Catholic and non-Catholic Christians is therefore familial: we are sisters and brothers in Christ, and it is from that standpoint that we work towards greater unity. It is a family affair.

Third, the restoration of unity is not a matter of a triumphalist, return-to-the-Catholic-Church-or-else endeavor. Rather, increase in unity will occur only as people go through ongoing reformation and renewal. "Reformation" implies the need for transformation and change, while "renewal" implies that such change is for the sake of increased vitality, meaning and identity. For reformation and renewal to occur, there is the need for "interior conversion" of both persons and organizations that leads to humility and change — this is often given the name "spiritual ecumenism." Such transformation is the soul of the ecumenical movement. The Catholic ecumenical endeavor, then, is a common pilgrimage of reform and renewal alongside non-Catholic brothers and sisters toward the fullness of what is desired by Jesus. (This is precisely the vision set forth recently by Pope Francis I in his encyclical *Evangelii gaudium*.)

Lastly as *Nostra aetate* teaches, non-Christian religions possess ways of living, teachings and beliefs that contain truths about God and about human beings that although different at times from Christianity nonetheless contribute to the flourishing of human beings. Christians should collaborate with people of other religions to "promote good things, spiritual and moral," such as "social justice and moral welfare, as well as peace and freedom." The document concludes by rebuking any attempt to discriminate against people based on their religion.

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A DEAD-END MODEL

These four points should inform our approach to strengthening Catholic identity while providing a hospitable workplace. But the more practical question remains: how do we actually go about advancing Catholic identity in settings sometimes largely composed of non-Catholics in a manner that reflects our common pilgrimage of reform and renewal?

One popular model, I believe, ultimately leads to a dead end. It can be captured with the famous slogan "doctrine divides, service unites." The reasoning goes like this: While theologians wrangle over getting all their doctrinal ducks in a row, a world is dying and in need of the healing service of the church. We might not agree on, say, the Pope or the Eucharist, but we can come together

to do things like feed the poor or care for the sick, and in doing so we will testify to the gospel and to our unity in deeds rather than words. Doctrines or beliefs if they are addressed at all, are often limited to a set of basic teachings — the "lowest common denominator" — on which all parties can agree, and elements of unique identity and practice, such as praying in the name of Jesus or crossing oneself, are often sidelined.

The presupposition here is that a neutral as possible health care space is best suited for allowing those from different backgrounds to serve in our ministries. In these "neutral" spaces, Catholics and non-Catholics alike are able to conceive of and talk about the healing ministry in terms that can be easily harmonized with their own tradition. The goal, again, is merely the common, united service of caring for the sick.

While the focus on our common service to advance real, transformational initiatives — as opposed to focusing merely on theological "ideas" — is certainly commendable, this approach will consistently result not only in weakening Catholic identity but also in falling short of moving us into all that God desires for the flourishing of human persons. Recall that the focus of our pursuit of unity is not (or at least should not be) unity for unity's sake. Rather, the focus of unity is ultimately human flourishing through a deeper participation in the person and work of Jesus Christ.[2] Jesus calls his people not only to pursue what is good but also what is true. And the ultimate goal in our pursuit of truth (doctrine) and pursuit of goodness (practice) is in fact a pursuit of deeper participation in Jesus himself, who is, according to Paul in his first letter to the Corinthians, is the source and summit of all things. Deeper participation in the work of Jesus results in a deeper oneness among people, both in terms of our common humanity and in terms of our graced participation in God. This means that if there are in fact doctrines and practices that can lead people to a deeper participation in Jesus, they must be part of our work of unity. Common service initiatives and lowest-common-denominator approaches are not enough to move us collectively into this fullness. It will also leave our health care spaces generic and bland in their identity, lacking the distinctive culture it could otherwise have that might genuinely set Catholic health care apart in the market.

But how do we bring to the table doctrines and practices that are unique to Catholicism and potentially divisive for those who are not Catholics without resulting in a triumphalist, return-to-Rome-or-else approach? How do we avoid sidelining different beliefs and practices while still embodying the hospitable setting described above by *Unitatis redintegratio* and *Notra aetate*? How do we maintain a strong self-identity as a Catholic health care ministry and also be inclusive of those who are not Catholic?

RECEPTIVE ECUMENISM

While there is no easy answer to this question, we can begin to move toward a fruitful approach through the concept of "receptive ecumenism."[3] In receptive ecumenism, the fundamental posture of all parties is a self-critical stance that assumes the ability to benefit — to receive — from another's tradition. In Paul Murry's words, "Receptive Ecumenism is concerned to place at the forefront of the Christian ecumenical agenda the self-critical question, 'What, in any given situation, can one's own tradition appropriately learn with integrity from other traditions?'"[4] The ecumenical journey is understood as one of ongoing "conversion" and transformation along the path to deeper participation in the fullness of Jesus. Rather than an adversarial stance that pits one tradition against the other, or a lowest-common-denominator approach that seeks baseline minimal agreement, those engaged in receptive ecumenism understand their traditions to be on a shared journey toward a fuller living out of the faith. This journey requires the gifts of each tradition to be shared in order to move further toward conversion — or, in the words of *Unitatis redintegratio*, further in "renewal" and "reformation." The goal is not for each person to become less of who she or he is but more of who they are through the mutual sharing of gifts: again, it is not unity for unity's sake but for

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the full participation in the universality that God desires for the human race.

What would receptive ecumenism look like for our health care ministries as we seek to "articulate and strengthen" our Catholic identity? There's a threefold implication.

1. Listening and Learning. Strengthening Catholic identity will require a fundamental posture of listening and learning from those who are not Catholic. In his encyclical *Evangelii gaudium*, Pope Francis noted how Catholics must "have sincere trust in our fellow pilgrims, putting aside all suspicion and mistrust, and turn their gaze to what we are all seeking: the radiant peace of God's face."[5] We must invite those who are not Catholic to be fully who they are in order that Catholics might benefit from the gifts they possess; we must allow their traditions to lead us toward "renewal" and "reformation" in our Catholic identity.

I have witnessed, for example, Christians who are not Catholic express a warm and personal relationship to Jesus that has led their Catholic coworkers to newfound vibrancy and meaning in their Catholic practices. I've also seen the spontaneity of certain prayer practices, whether with patients or with other coworkers, help Catholic coworkers become more comfortable in praying spontaneously themselves with patients and coworkers. For these gifts of exchange to occur, Catholic health care systems must convey the hospitality necessary to make non-Catholics feel comfortable expressing themselves in and through the traditions they follow.

2. Engaging Fully. Catholics have an obligation in service to non-Catholics to bring forth the fullness of their tradition in order that others might benefit from those gifts for their own edification and renewal. While conventional wisdom might suggest that sidelining distinctive Catholic beliefs and practices to create a more "neutral" health care space would be a sign of hospitality, receptive ecumenism suggests otherwise. From the perspective of receptive ecumenism, the Catholic engages more fully in her beliefs and practices as a service to those who are not Catholic. Genuine love of neighbor seeks the welfare of the neighbor through the exchange of gifts. Unless our ministries live into the fullness of their Catholic beliefs and practices, we will come to the ecumenical table empty-handed with no gifts to offer.

I have worked with, for example, a number of coworkers from non-Catholic backgrounds who initially believed only "spontaneous prayer" was genuine prayer. But when they encountered the beauty and power of prayers thoughtfully written in advance of the moment they are prayed, they began to see the value and meaningfulness of praying the prayers written by others or writing out their prayers in advance. Other coworkers who knew very little about the Catholic understanding of the relationship of nature and grace — that is, how God's grace and presence comes into the world through (rather than despite) those things He has created, especially human beings — began, once they grasped this harmonious relationship, to see how their work truly was the ongoing extension of God's healing in the world. Many other examples could be highlighted around symbols, rituals and language. But in sum, for Catholics to live more deeply into their Catholic identity is not to create more division among God's people but rather to offer gifts to exchange in the common journey toward the full catholicity that God desires.

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3. Remaining Intentional. Receptive ecumenism is not automatic. The impulses toward creating neutral spaces and striving for lowest-common-denominator teaching and practice are very strong; in many ways it reflects the path of least resistance. For the mutual exchange of gifts to actually take place, then, we must intentionally provide space and time for this exchange to occur — whether virtual or in person, whether a class or a lunch-and-learn, whether in formal or informal settings. We need not shy away from engaging challenging Catholic teachings and practices that

may have been (and may continue to be) divisive or difficult. We need not focus simply on baseline agreement and common acts of service. Instead by listening and learning, engaging fully, and remaining intentional, health care settings can be places of abundance of gifts as we provide opportunities in the midst of service to allow for mutual edification on our common journey toward the fullness of what Jesus desires for his church.

MISSION LEADER AS TRANSLATOR

What is the role of mission leader in strengthening Catholic identity as it is carried out in the practice of receptive ecumenism? In its strategic plan, CHA says it hopes to "translate and give witness to our shared Catholic heath identity and core commitments" as part of its promotion of Catholic identity. The notion of "translation" will be increasingly one of the critical roles mission leaders will play in advancing Catholic identity.

The exchange of gifts in receptive ecumenism can easily stall due to miscommunication, misunderstanding and misapplication. When gifts are presented in a language and with concepts that are foreign to the receiver, they can be seen as irrelevant at best and as threats at worst. There will need to be individuals in the midst of the conversation that are knowledgeable enough not only of their own but of each other's traditions to help facilitate the exchange. Mission leaders are best poised to act as these translators. They must seek to help translate different traditions into language and concepts that are intelligible to the receiver and help communicate these beliefs and practices in a way that the receiver sees how they are truly gifts and not threats.

Consider the hypothetical example of a man of faith in the Baptist tradition asking me about the faith environment at my health care system. In order to illustrate one of our spiritual practices, I say to him, "Well, before we open the clinic each day we all gather together and say the Our Father." He then looks at me confused, and says, "Is that some Catholic ritual you guys do?" Now consider the same exchange, but in my response I don't call the prayer the Our Father but rather the Lord's Prayer. Now the man smiles and says, "Wow, that's incredible. I really should be a patient there." What changed? Nothing in substance, only in language. But knowing that Catholics commonly use the phrase "Our Father" and Protestants commonly use the phrase "the Lord's Prayer" allows a point of translation to occur. While this is a small, somewhat superficial example, the point can be applied to a host of other beliefs and practices — for example, crossing oneself, the crucifix, the place of Mary, sacraments, Catholic hierarchy, religious orders — that will need to be translated in order that mutual gift exchange can occur successfully.

NAVIGATING CONFLICT

What happens, however, when traditions are in conflict with one another? Up to this point I've painted a largely harmonious picture of the mutual sharing of complementary gifts. But the reality is that people continue to have irreconcilable (at least at the present time) differences in their approach to the faith. These differences might not make a significant difference on the front line of health care. But as we climb the decision-making ladder, particularly when it comes to setting a health care system's strategy, these differences could significantly affect the Catholic identity of our ministries — though to what extent is still an open question. So how do we deal with the fact that leaders from traditions that are not only not Catholic but are potentially in conflict with Catholic theology, morality and spirituality are making strategic decisions on behalf of Catholic ministries? What if, for example, a non-Catholic senior leader who neither understands nor practices Catholic social teaching sees health care, say, as a privilege for those who can afford it rather than a right fundamental to human flourishing and makes decisions about charity-care efforts that will negatively affect indigent patient populations? How do we navigate this potential conflict?

There is no easy answer to this question. What we can say, however, is that the exchange of gifts in receptive ecumenism rarely, if ever, occurs in a neutral space. More often than not there is a host tradition that provides the space (and hospitality) for the exchange of gifts to occur. In any situation of hospitality, for the full benefits to arise for both host and guest, there are ways of conducting oneself appropriate to each. If, for example, I were invited to a person's house for dinner, and I walked in and tracked mud on the floor, plundered the cupboards, drank all the wine and left without expressing an ounce of gratitude for the hospitality, the hospitable event would not be fulfilled due to my shortcomings as a guest to conduct myself in a more fitting way. This is not to say that in such situations the host must stop being hospitable to

the guest, or that the host would never host that guest again. But it is to say the host-guest experience would not bear its full positive fruit due to the failure of the guest to act with sensitive receptivity to the host. (The breakdown could just as well occur due to poor hosts, too!)

To bring the analogy to our health care ministries, the host space is the Catholic theological, ethical and spiritual tradition. This is the context in which our ministries were given birth, and it remains the context in which our ministries are carried out. Those from other traditions who serve in our ministries are welcomed as guests within the context of the Catholic tradition and will remain so. They will inevitably bring ideas, strategies, experience, skills and behaviors to the table that will enrich Catholic identity. But in order for the full fruit of gift exchange to occur, the guests must have an understanding of the host space — and providing that understanding is ultimately a responsibility of the host — and they must enact their roles in a manner fitting to the host space. What this means in leadership decisions is that leaders of our ministries must understand the Catholic theological, ethical and spiritual tradition and how that tradition influences our delivery of health care (which means that formation must remain an essential component of our ministries), and their decisions must ultimately align with or complement that tradition.

How do we ensure this alignment occurs? All analogies break down, and this analogy of host-guest is no exception. In a typical host-guest situation, the set of rules and expectations is implicit, embedded in the social structures we take for granted. We would not think of an accountability structure tasked with ensuring that guests conduct themselves in a manner fitting to their hosts or hosts fitting for their guests. But within Catholic health care, we do indeed have accountability structures in place to guide the realization of a consistent and ever-fuller Catholic identity. In the May-June 2019 of *Health Progress*, Fr. Charles Bouchard, OP, wrote on sponsorship and the role of sponsoring boards, which provides a good starting point for thinking through these issues. As he noted, sponsoring boards have "an official ecclesial status and have real authority over a ministry of the church."[6] The sponsoring boards themselves need to be deeply rooted in the Catholic theological, moral and ethical tradition, not solely for the sake of knowing that tradition but also in order to be able to distinguish between genuine gifts brought to the ministry from people who are other than Catholics and threats that can move us away from Catholic identity.

CONCLUSION

Our health care ministries are poised to be key places of healing divisions among God's people. We are uniquely placed to bring together people from a variety of backgrounds into a shared space with a shared vision and common service. We must capitalize on this setting to allow for mutual edification in the faith. We must facilitate the exchange of gifts. Only in this way can division be overcome. And as more division is overcome, our ministries' Catholic identity becomes stronger, for as the Catechism of the Catholic Church notes, the separation that exists among God's people is a "wound" to the church. Healing those wounds will result in strengthening Catholic identity.

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NOTES

1. John 17:21 is an important text for both Pope John Paul II's *Ut unum sint* (http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25051995_ut-unum-sint.html) and Pope Francis' *Evangelii gaudium* (http://www.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html#_ftnref192).
2. Walter Kasper, *That They May All Be One* (London: T&T Clark, 2005), 67.
3. Paul D. Murry, ed., *Receptive Ecumenism and the Call to Catholic Learning: Exploring a Way for Contemporary Ecumenism* (Oxford: Oxford University Press, 2008).
4. Murry, Receptive Ecumenism, 12.
5. Pope Francis, *Evangelii gaudium*, 244.
6. Charles E. Bouchard, "Sponsors Are Called to Be Prophets and Reformers," *Health Progress* 100, no. 3 (May-June, 2019), 53.

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